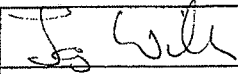


POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM	Application Number:	10/501,354		
	Filing Date:	December 27, 2004		
	First Named Inventor:	Justin ST. JOHN		
	Art Unit:	1632		
	Examiner Name:	Deborah Crouch		
	Attorney Docket Number:	MACL:004US		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 32425 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
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SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD				
Signature				
Name	DR JAMES WILKIE			
Title and Company	DIRECTOR RCS THE UNIVERSITY OF BIRMINGHAM		Telephone	
Date	26.3.2009.			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/> *Total of _____ forms are submitted.				